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Original Communications.

DEATH BY CHLOROFORM, AND ALLEGED  
DEATH BY ETHER.

By HENRY J. BIGELOW, M.D., Boston.

In the great rarity of so-called "death from ether," the case reported in the *Medical Record* of Oct. 1st, will probably be quoted, and perhaps also confounded with the usual "death from chloroform," which is quite different. For this reason, we believe that the reporter of this case will pardon the following remarks, based in part upon the omissions of his narration.

Nobody doubts that a patient can be gradually narcotized with ether until life is extinguished; and that this result will follow with a rapidity proportioned to his want of health and strength.

Hence, in administering an anæsthetic to a patient reduced, for example, by delirium tremens, by long disease of the bladder, of a joint, or by fracture of the hip, care should be exercised. Here a sudden syncope, or even a more gradual falling off, whether of pulse or respiration, may mean something. In the course of ten or fifteen minutes, the vital force, after having given fair warning, may yield with unexpected and startling suddenness.

Exhausting and protracted influences like these are far more potent in their depressing effects upon the system, especially in diminishing its power of supporting anæsthesia, than a recent injury to a more robust subject. Such a patient may be cold, pulseless, and nearly insensible, as a result of one or more limbs crushed by railroad accident some hours before, but is usually stimulated by ether inhalation. As a rule, his pulse comes up, and he undergoes his amputations well.

If the narcotism\* of ether is ever fatal to an aged or exhausted subject, in the way

\* The term "narcotism" expresses well enough for present purposes, the gradual effect upon the system of anæsthesia in general, while "shock" may stand for the sudden or toxic effect of chloroform.

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described, it should be remembered that chloroform would be more fatal to the same patient under the same circumstances.

*Death from narcotism*, although it may be heralded as "death from ether," is not death from any property peculiar to ether. It is death from a depressing influence, common to ether, chloroform, alcohol and opium, and is most likely to occur with the strongest of these agents. Moreover, *precaution will prevent it*.

But "*death from chloroform*," which has given to chloroform its doubtful reputation, is a different thing, which *no human foresight can avert*. It is death from a small and usual dose of this powerful agent; death to a healthy person, sometimes as sudden as by a stroke of lightning, without warning of any sort—*by shock*. We hold that *ether has never produced such a result*, but always gives fair and adequate notice of the approach of danger.

If these views are correct, it follows that a certain small proportion of "deaths from chloroform," so called, should be subtracted from its bill of mortality, and credited to a "narcotism" common to ether and chloroform. But a similar analysis will wholly expunge the two or three fatal cases, for which ether has been by some persons held to answer. Chloroform will still be responsible for its monthly record of death by "*shock*," small in its percentage it may be, but inevitable, while ether will then have a clean bill of health.

Let us now, with a desire to give to ether a candid hearing, and also because it, in some measure, illustrates so-called "death from ether," consider the fatal case which occurred in the hands of the house-surgeon and his assistant at the Bellevue Hospital.

A man of 68, with a fracture just below the trochanter, of eighteen days standing, having the lower lobe of his right lung œdematous, and its "lower portion in a state of red hepatization," there being, also, "emphysema," and "thickening of the large bronchi," had ether "slowly and carefully" administered, during "perhaps ten minutes," for the application of a plaster band-

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age. The patient was then "fully under its influence."

"A few turns of the plaster had been made, when the patient's breathing was observed to be rather frequent and gasping. The pulse, was, however, full and regular. The thorax was compressed two or three times, and the patient's breathing again became normal. As these symptoms not rarely occur during etherization, they excited no special alarm. The ether was, however, withheld from the patient four or five minutes, his respiration and pulse being normal. As he then began, however, to move about and his muscles were becoming rigid, the ether cone was again applied."

This is not quite clear. The patient was "fully" etherized. Everything, the pulse included, is said to have been as it should be, except the breathing, which became "rather frequent and gasping." Now a patient in his senses, with his chest filled with water, for example, may breathe in this way. But is a patient likely to breathe of a sudden more rapidly when he is fully narcotized? We do not agree that these symptoms "not rarely occur during etherization." With the experience of many thousand cases, we have never seen them. A patient with ether may be faint,\* as, perhaps, this one was, or, when fully under its influence, may breathe more slowly, or suspend his respiration, or snore; or when he does not get air enough, may have spasm of the glottis from asphyxia, producing more asphyxia, discoloration, and general muscular rigidity, but, so far as we know, never an accelerated respiration with gasping, when fully etherized, the pulse being full and regular.

Nevertheless, these, or other appearances not mentioned, led to an attempt at artificial respiration, and to the suspension of the ether inhalation during four or five minutes.

The rest of the story is given in a few words.

"In a minute or two, my assistant, who was giving the ether, observed the pupils to be dilating rapidly, and the breathing to cease. His heart was still beating, however."

\* Symptoms of pulse and respiration, practically those of syncope, are not unfamiliar to persons in the habit of etherizing. The operating chair at the Massachusetts General Hospital, in use since 1864, was furnished with a hinged back and foot-board, to provide against this contingency. The patient can be at once laid flat.

We naturally ask, how, during this critical and not very brief interval, was the pulse—a most reliable pilot among the possible dangers of etherization. There is no mention of it.

Such signs as those mentioned above are hardly compatible with the continuance of a full and regular pulse, and we cannot but feel that the pulse at the wrist, if kept in hand, would have given warning of their approach.

For ourselves, if called upon to indicate, in the absence of complete evidence, the probable cause of this death, we should perhaps rearrange the statement somewhat, as follows:

A man of nearly 70 years, reduced by a fracture near the trochanter, of eighteen days' standing, and by pneumonia, was subjected to a somewhat protracted inhalation before coming under the influence of ether. At the end of ten or twelve minutes, his breathing became so feeble and irregular that etherization was suspended and artificial respiration was resorted to. In the course of four or five minutes more, there being some muscular action, the respiration being also stronger, and the pulse better, the ether was again administered, but the same bad symptoms soon supervened. On examination, the pupils were now found to be dilated. The heart was still beating (although there was probably no pulse at the wrist), but attempts at resuscitation were this time ineffectual.

Such an account would better accord with previous experience. The vitality of a patient enfeebled by age and disease, proves to be easily depressed, and after giving to the operator good and sufficient warning of his enfeebled condition, he succumbs; an occurrence which may serve as a fresh and salutary lesson to the surgeon to exercise care during anaesthesia by ether, and still more by chloroform, of a system thus depressed; but an accident we believe to be impossible to ether, with the pulse held and the respiration attended to.

On the other hand, we repeat, no precaution yet devised by human ingenuity will prevent the insidious shock of chloroform, in even a small dose, from occasionally and abruptly killing a healthy subject. This is the peculiar and usual *death from chloroform*, and of its approach, neither pulse nor breathing gives indication.

Ether is so safe when used liberally, and even prodigally, that after a time, the practitioner may perhaps fail to be quite alive

to the possible dangers which are inseparable from every remedy of any power. With a title of the extreme but vain precaution of English practitioners against the shock of chloroform, we hold that ether would be innocuous. In the above case, an exceptional degree of caution, suggested by the symptoms, might perhaps have saved the patient; but it is important to say that we find nothing in the account to show that the house-surgeon failed to exercise as much care, on the whole, as is common in the administration of ether, and such as usually insures to the patient immunity from accident.

CASE OF POISONING BY LAUDANUM  
SUCCESSFULLY TREATED BY  
BELLADONNA.

By THOMAS THATCHER GRAVES, M.D., LYNN.

On the 12th of August, 1872, I was summoned to attend a man at the Police Station in Lynn, Mass., and, arriving at the station at 8.15, A.M., I found a man who styles himself "Dr. I—, horse doctor," with the following history and appearances. Between 6 and 6.30, A.M., of that morning he drank two full ounces of tincture of opium, official strength, sold by the druggist, as "Dr." — stated, to be given to a horse. The patient had been brought to the station and placed in a close, rather dark cell, upon a bed. I had him brought out to the light, and found the pupils so much contracted as hardly to be perceptible; patient totally blind, not able to speak; radial pulse not perceptible; patient not insensible to sound; appeared to want to answer questions, but lacked the power to do so. Breathing very slow (number of respirations not noted). The eyelids remained closed. Hands and feet cold and clammy. There was considerable muscular tremor, and at that time it did not seem possible for him to live fifteen minutes. The proof was positive that he had drank all the laudanum, and that he had not vomited. Nearly or quite two hours had elapsed since the dose was taken before I saw him.

Feeling certain that but a very small quantity of the laudanum could still be in the stomach, and thinking he would surely die in the attempt to vomit should I give an emetic, I decided to administer tincture of belladonna. Carefully closing the epiglottis with the finger, I poured one drachm of Squibb's tincture of belladonna into the patient's mouth. In a very few moments he seemed so much revived that he swallowed another teaspoonful of the same. I

then sent a messenger to my office for more, but he returned with Thayer's fluid extract of belladonna (dose five to eight drops). Soon after taking the first dose he became bathed in the most profuse perspiration; the eyes began to dilate; he could speak, and expressed surprise at finding himself at the station; remembered taking the laudanum, &c. In about fifteen or twenty minutes from the first dose I gave twenty-five drops of the fluid extract, and administered afterwards a drop every five minutes for about an hour. At the expiration of an hour the symptoms of narcosis had so far vanished that no one could have diagnosticated the case as one of opium poisoning. Two hours later, he took a cold bath; during the afternoon he was sleepy, but was easily aroused every half hour. Next day, after a dose of bromide to "settle his nerves," he walked out, reporting himself well.

The patient affirmed that he had never tasted of laudanum before, but had been dissipated for years, and had often been under the influence of liquor during the past month. He *did not vomit* during the whole treatment, nor did he pass water nor have a movement of the bowels until the next day—proving that the laudanum must have been counteracted by the belladonna.

Many of the toxicological symptoms of belladonna were manifested. After the first dose, it seemed to be less than ten minutes when the eyes were sufficiently dilated to enable him to distinguish objects. At the same time he could speak, the pulse became perceptible, and the muscular tremor ceased. The sweat seemed to literally pour from him. After an hour or two the throat became quite dry, water and strong coffee (the coffee administered over an hour after the belladonna) not relieving the thirst. The coffee was given to allay the thirst, not because the patient was still in danger; for he was well enough at that time to hold the cup and chat with the bystanders.

After the bath, he had "mild, fanciful delirium," lasting most of the afternoon, while awake. About 1, P.M., he became sleepy, and was allowed to sleep all the afternoon, being easily awakened every half hour, and once or twice being obliged to walk about for a few minutes. I visited him at 8, in the evening, when, with the exception of "nervousness," he declared himself well, and hungry.

Lynn, August, 1872.

## A CASE OF DOUBLE VAGINA AND UTERUS

By D. M. EDERLY, M.D.

The patient in whom this anomaly occurred was a poor Irish woman, 35 years of age, pregnant with her first child. Labor commenced Monday morning about 5 o'clock. Hoping to get through without calling a physician, she did not send for me till Wednesday noon—nearly sixty hours after labor supervened.

When I arrived, I found the patient very much exhausted; the pains were irregular, weak and inefficient. Upon making a digital examination, I found the head low down, and the pelvis capacious; the finger could easily be carried around the portion of the child's head occupying the right half of the maternal pelvis. But when I attempted to carry my finger over the part occupying the left half, it came in contact with what seemed to be a membrane drawn tightly over the presenting portion of the head in the median line extending antero-posteriorly. My first impression was that a lip of the os uteri was caught on the child's head and was obstructing its progress. But all attempts to get at that side of the head, either by carrying my finger under the membrane or passing it outside, failed. I found a membrane, continuous with that confining the child's head, extending to the outlet of the vagina. After making this discovery, I withdrew my finger, and found I could easily introduce it on the other side of the membrane, and feel the outline of the as yet inaccessible part of the head, but with a thick membrane intervening between it and my finger. Crowding the finger deeply down beside the head, it came in contact with what seemed to be a small cervix and os uteri. The condition of things was now evident. Withdrawing my finger and again introducing it on the right side, I partly succeeded, by using considerable force, in slipping the septum off the foetal head. I then gave ergot in large doses, which failed to invigorate materially the uterine contractions. After waiting a little I applied the forceps, and, with some difficulty, delivered the woman of a stillborn child. Appearances indicated that it had been some time dead.

The woman made a rapid and complete recovery.

When the lochial discharge had ceased, I made another examination, entirely confirming my opinion of the state of affairs at the time of confinement. On the right side I found a vagina of ordinary size and a uterus rather larger than normal, involution

not being yet completed. On the left side was a small vagina, not large enough to admit a medium-sized glass speculum—the smallest I had with me—also the cervix of a rudimentary uterus; the body of the second uterus could be felt resting on the cervix of the one which had been impregnated.

West Newton, October, 1872.

## Progress in Medicine.

## REPORT ON PATHOLOGY AND PATHOLOGICAL ANATOMY.

By R. H. FITZ, M.D. HARV.

(Concluded from page 268.)

## SPECIAL PATHOLOGICAL ANATOMY.—NERVOUS SYSTEM.

*Infantile Paralysis.*—In a communication to the Section for Children's Diseases at the 44th meeting of German Naturalists and Physicians, Prof. Rinecker (*Jahrb. f. Kinderheilkde*, 1871, 5th year, 1 heft) gave the results of two autopsies, the only ones he had been able to obtain. In the one (by Förster), the peripheral nerve fibres were found altered; in the other (by V. Recklinghausen), there was atrophy of the muscles, with narrowness of the fibres, in spite of the presence of fat here and there. In the anterior columns and in the anterior portions of the lateral columns of the spinal cord, the nerve fibres and ganglion cells were atrophied, the vascular sheaths contained granular corpuscles. The diseased peripheral nerves were thin.

*Pseudo-hypertrophic Paralysis.*—Auerbach (*Virch. Archiv*, vol. liii., p. 224), Charcot (*Arch. de Phys.* 1872, vol. ii. p. 228), Knoll (*Med. Jahrb.* 1872, p. 1), and Berger (*Deutsch. de Arch. f. Klin. Med.* 1872, p. 363), have written at greater or less length with regard to this subject, all basing their remarks upon cases under their personal observation either directly or indirectly. Berger's three cases and Auerbach's one were adults, and the affection limited to one extremity. Auerbach found simple hypertrophy of the muscular fibres and increased development of the nuclei, without participation of the interstitial cellular or fat tissue. He considers that the appearances presented are those of the early stage of the disease.

Berger found pronounced muscular hypertrophy without nuclear development, and regarded the condition of the muscles as that of the first stage of the disease.

Knoll found the muscular fibres to vary in size; they neither contained nor were



they surrounded by fat; there was no evidence of proliferation of the nuclei. The increase in volume appeared to be due to the development of a firm connective tissue in the muscle. This alteration was considered as the early stage, while the development of fat tissue observed by others, would correspond with a later stage.

Charcot seems to have had better opportunities for observation than either of the others. Portions of the different muscles and the spinal cord from Bergeron's case (*Arch. Gru.*, 1868, p. 19) were given him for examination.

The psoas presented appearances which he considered as the primary alteration. Between the primitive muscular bundles were broad spaces of connective tissue containing nuclei, and numerous spindle cells. In the pectoral and sacro-lumbar muscles, where the affection seemed more advanced, the nuclei and cells were less frequent, the spaces between the nuclei were filled out with a wavy connective tissue. A further stage was represented by the occurrence of fat cells in spots, at first single, then more numerous, till the development of fat became general.

Where the first stage was present there was often a considerable atrophy of many muscular bundles, the longitudinal striæ indistinct; occasionally fibres were seen whose transverse striæ were wanting, and others were hyaline filled with granules. The examination of the spinal cord gave a negative result, also of the sciatic, median and radial nerves.

*Hæmorrhagic Apoplexy in Childhood.*—Fronmüller (*Memorabilien*, 1872, 12. *Prager Viertjahrsschrift*, 1872, vol. ii.) gives the case of a female, æt. 14, hitherto healthy, who was suddenly seized with the most violent epileptiform cramps, loss of consciousness, fixed eyes, convulsions, lockjaw, followed within a few hours by death.

The skull being opened, a large amount of blood was found beneath the dura mater over the right convexity, also in the sub-arachnoidal spaces beneath. A hæmorrhagic mass of the size of a walnut was found in the right cerebral hemisphere, near the surface, the cortical substance and pia mater being ruptured. The cerebral sinuses were filled with blood.

#### ORGANS OF CIRCULATION.

*Thrombosis and Embolism.*—Cohnheim (*Untersuchungen über die embolischen Prozesse*. Berlin, Hirschwald, 1872). Zahn (*Centrbl.*, 1872, p. 129). Durante (*Med. Jahrbücher.*, 1872, p. 143). Dudukaloff

(*Med. Jahrbücher*, 1872, p. 150). A satisfactory theoretical explanation of the production of hæmorrhagic infarction has always been a matter of difficulty, and the medical world will receive with great interest the direct evidence furnished by Cohnheim, as to the various stages of this process. From an exceedingly complete abstract (*Centrbl.*, 1872, nos. 19 & 20), the following report is made:—In order that the various stages of the disturbances produced by emboli might be observed, the frog's tongue was used under the microscope. An emulsion of wax globules colored black with soot, was injected; the embolus having stopped, coagulation did not take place about the same. In the arterial branch plugged, the column of blood in front of, and behind the embolus became quiet. If the plugging was sudden and total, that portion of the column beyond the embolus was composed of red blood-corpuscles closely pressed together, with the corresponding number of white corpuscles. Where the plugging was gradual and incomplete, the peripheral column was made up of pure plasma, at the most with a mixture of white blood-corpuscles, which, on account of their nearer relation to the wall of the vessel and their own viscosity, more easily became fixed. At times, for a while at least, the lateral branches just beyond the obstruction were filled with a similar fluid. The condition of the peripheral vascular district depended entirely, as Virchow has insisted, upon the fact whether the obstructed artery anastomosed with another before it broke up into the capillary plexus. In this case the embolus becomes unimportant, as the neighboring arteries to which increased blood is supplied, send the same circuitously into the peripheral portion of the plugged vessel. If there were no such anastomosis, and the artery became a "terminal" one (*endarterie*), there ensued a complete loss of motion behind the embolus, in the entire corresponding capillary region, also in those veins returning therefrom to the point where the latter united with other veins regularly supplied with blood.

From this point of union a backward motion of the blood towards the embolus occurred, advancing continually, filling to the utmost the entire quiet vascular district, then giving way to a rhythmic oscillating movement. This process, *engorgement*, after a short time became evident to the naked eye, from the dark-red distended appearance of the generally wedge-shaped portion of the tongue, and is explained, in-

asmuch as fluid flowed back from the vein where a certain though slight pressure existed, into the region behind the embolus, where the pressure was null, until the venous pressure counterbalanced that of the opposed body.

A similar result was obtained by the ligation of the main lingual artery, after cutting off its anastomosis at the tip of the tongue, by means of a second ligature. The venous valves did not close so completely as to prevent this process. Hæmorrhage soon followed the engorgement; first at the side of the capillaries, then of the smaller veins; numerous red blood-corpuscles were seen, which gradually ran together into a large red mass; such an action is never to be seen in the large veins or arteries.

To the naked eye this stage is manifested by a reddish-black appearance of the wedge-shaped portion, *hæmorrhagic infarction*. Where the embolus is purely capillary, hæmorrhages occur, though not regularly, and then often immediately around the embolus.

Mere pressure alone cannot be the sole cause of the hæmorrhage, as such takes place where simple plugging of the capillaries occurs, and there is no transudation of blood plasma. Cohnheim therefore tried to prove that by the confinement of fresh circulating blood, an important influence upon the wall of the vessel containing it could be produced. A ligature was applied about the base of the tongue so that the circulating blood was cut off. Removal of the ligature within 24-48 hours permits the blood to stream with force into the widely dilated vessels; the circulation becomes restored to the normal condition as the vessels gradually contract. Removal of the ligature after 48 hours is followed by permanent dilatation of the vessels, with a corresponding retardation of the blood current. At the same time a copious migration of white blood-corpuscles takes place from all the medium sized and small veins; if the ligature has remained longer the red corpuscles also migrate.

If the ligature remains still longer, 4-5 days, the organ dies. Similar experiments with the lungs and loops of intestine gave essentially the same result; the exit of the white and red corpuscles took place more rapidly.

Similar experiments, made upon the rabbit and guinea-pig (ear, testis, intestine and kidney), were followed by like results which took place more rapidly. If the vessels were isolated, and not included in the liga-

ture, the same effect did not follow. If the vein was not included, the process resulted as before described.

Changes in the blood did not produce these results, as they occurred when but little blood was present, even when, during the experiment, the vessels contained a  $\frac{1}{2}$  per cent. solution of common salt. Hence Cohnheim thinks the cause of the hæmorrhage is in the vessel itself, though he was unable to detect any alteration of the walls.

Three possibilities exist as to the subsequent history of the plugged region. The embolus may remain, become organized and united to the wall, without recognizable effect upon the surrounding tissues; this takes place when a collateral branch communicates with the obstructed vessel on the peripheral side of the embolus, a relation existing in most organs, especially in the lungs. A necro-biotic process may take place beyond the embolus; and thirdly a hæmorrhagic infiltration may result, either in the form of nodules or patches.

The 2nd and 3d possibilities occur in those organs which possess real terminal arteries, spleen, kidneys, brain, retina, and, in a certain degree, the lungs. In the latter the accommodation occurs completely only when the plugging is near the hilus. In the five organs mentioned the want of renewal of the circulation gives rise to necrosis; the engorgement, the wedge-shaped infarction is the result of the absence of venous valves. Among the causes preventing secondary results on the part of the veins, are the rapid coagulation of blood in the veins of mammals, gravitation, depending upon the seat, the feebleness of the heart's action; vice versa, a more vigorous action of the heart may increase the hæmorrhagic character of the infarction, as seen in the spleen and kidneys in connection with hypertrophy of the left ventricle combined with valvular disease. Necrosis alone results where the artery is incompletely plugged, or where anastomoses on the peripheral side of the obstruction occur, since in such cases the arterial circulation is not completely cut off, and thereby the essential element of venous regurgitation is wanting. The varying reactive power of the different organs, especially of their vessels, gives rise to varying intervals in the occurrence of the four stages of vascular dilatation, emigration, extravasation and stasis.

The infarction becomes evident only after the occurrence of venous regurgitation, a fact not to be explained were arterial flexion the cause. A more important ratifica-

tion is obtained from the fact that the apex of the infarction is not formed by the arterial embolus, but at a part of the corresponding vein in direct opposition. The infarction really belongs to the venous district, and merely owes its origin to the arterial obstruction.

The embolic abscess results when the plugging is not mechanical solely, but is produced by an infectious body. In the lungs and liver exclusively, its size may be the same as that of the infarction, elsewhere it assumes the miliary form. The explanation of this fact is that in the former case the emboli arise from thrombi in the large veins, in the latter from the delicate endocardial vegetations. The size of the abscess depends on the size of the embolus, its degree of malignity, and upon the reactive powers of the surrounding tissue. The smallest emboli with a specific action may produce extensive suppuration, as seen in cases of purulent panophthalmitis following the plugging of a minute artery of the choroid.

Experiments made with irritative emboli upon the ear of the rabbit, produced universally inflammation and suppuration about the embolus, with demarcation and exfoliation of the portions affected, and perforation. Though a combination of the specific and purely mechanical effects of the embolus rarely occurs in human pathology, Cohnheim observed the effect of irritative emboli after cutting off the various anastomoses of the auricular artery. There resulted side by side, local inflammation, purulent deposits, and multiple perihæral mummification, in other words, embolic abscesses and necrosis.

With regard to the formation of thrombi, Zahn states that from direct observation (*frog's mesentery*), "alterations of the intima are made evident by the agglomeration and adhesion of white blood-corpuscles, and the formation of thrombi commences and is completed by the same elements." Durante and Dudukaloff conducted a series of experiments independently of each other, but arrived at different results. The former states that 3-4 days after the application of a single ligature about the vessel, the intima became converted into a thick layer of round and oblong cells, with one or two nuclei. These cells pressed into the clot in a circular manner, or penetrated it at different points, the newly formed bloodvessels following the course thus established.

The clot diminished in volume, the red corpuscles flattened, the white became enlarged, the substance became glassy or

rich in fat granules. Then spindle-shaped cells and fibres developed. Finally there remained of the coagulum, grains of pigment from the red corpuscles; the white corpuscles and fibrine became converted into fat granules. The media and adventitia show but little reaction.

When a double ligature was applied, the intima between the two becomes destroyed, and the media is converted into a mass of young cells closely packed together. At the end of the process the vessel walls are no longer to be recognized. The author describes two forms of thrombus softening, a fatty metamorphosis of the transitory, and a suppurative softening of the permanent thrombus, the former being normal and physiological.

Dudukaloff gives as the results of his observations the following alterations in the parts of the wall of the vessel in the vicinity of the ligature:—Accumulation of cells about the vasa vasorum of the adventitia, and at various parts of the vessel wall, especially of the muscular coat; the formation of fibres from the cells coming from the adventitia; the development of vessels between the cells; the immediate union of the young tissue and its vessels with the adventitia, and the entrance of the same into the lumen of the vessel near the point of ligation. In conclusion it is stated that the manner of the preparation was not such as to give information with regard to the participation of the endothelium in the process of growth.

*Sarcoma of the Vena Cava Inferior.*—Perl reports (*Virch. Arch.*, vol. 53, p. 378) the case of a woman, æt. 34, who had suffered from pain in the sacrum and abdomen for a year. (Edema of the feet, anasarca, especially of the right side, and ascites followed. Death finally resulted from oedema of the lungs.

At the autopsy double hydrothorax was found, dilatation of the veins of the abdominal walls on the right side. Beneath the liver a tumor of the size of the fist was seen, belonging to the wall of the enormously dilated lower vena cava. It extended upwards as far as the entrance of the hepatic vein, and downwards to the entrance of the renal veins. The intima of the renal veins, as well as that of the cava, was perforated at numerous points; its canals were filled with thrombus-like masses of the tumor.

The neighboring lymphatic glands were affected, but there was no metastasis elsewhere. Virchow examined the growth and pronounced it a myosarcoma, originating in the wall of the inferior vena cava.

## ORGANS OF RESPIRATION.

*Histology of Membrane of Croup.*—Steudener (*Virch. Arch.*, vol. 54, p. 500), after describing at length the appearances presented, thus expresses himself:—"The croup membrane is therefore to be regarded as a true exudation, originating from the migration of innumerable colorless blood-corpuscles from the vessels of the mucous membrane, their appearance upon the surface, where, without participation of the epithelium, which is in great measure exfoliated, they become cemented by the formation of fibrine from the transuded blood-plasma."

*Syphilitic Cicatrix of the Bronchus.*—The case, regarded as unique, is reported at length by Hüttenbrenner (*Jahrb. f. Kinderheilkde*, 1872, p. 338).

*Pulmonary Gangrene in a Child.*—Dr. McNalty reports the case (*Med. Times and Gazette*, July, 1872, p. 67). Age, 3½ years; admitted to the hospital for bronchitis following measles. Blood was coughed up, and passed per anum a day or two immediately preceding death. Extensive gangrene of the lung was found at the autopsy.

*Hæmoptysis as a cause of Phthisis.*—Sommerbrodt (*Virch. Arch.*, vol. 55, p. 165), investigates this point experimentally. A catarrhal pneumonia results from the extravasation of blood into the pulmonary alveoli, from which pneumonia the animals experimented upon always recovered. He infers that it is probable that a similar form of pneumonia results from the entrance of blood into the pulmonary alveoli of the human species, and that in persons otherwise predisposed to phthisis, the pneumonia becomes chronic, cheesy, and thus terminates in phthisis.

## ORGANS OF DIGESTION.

*Erectile Tumor of the Intestine.*—Laboulbène (*Med. Times and Gazette*, June, p. 740) communicates the case, regarding the specimen as the first on record. Rokitsansky, however, speaks of the occurrence, though rare, of these tumors. The man, æt. 74, vomited blood, passed it by the anus, and died soon after with symptoms of internal hæmorrhage. In the duodenum, a little below the orifice of the bile and pancreatic duct, was found an oblong tumor, of the size of an almond. The mucous membrane over the tumor presented a small irregular ulceration. On section, the mass consisted of capillary vessels dilated at several points, and was found to have invaded the entire substance of the mucous membrane at that part.

*Loss of a portion of the Intestines.*—McCollom (*N. Y. Med. Journ.*, 1872, p. 183), Hahn (*Berl. Klin. Woch.*, 1872, p. 168).

In McCollom's case symptoms of intussusception occurred, 12 days after the commencement of which 6½ inches of the small intestine came away, per anum, in a stage of advanced decomposition. During the following two days there were frequent copious, dark-colored, offensive, watery dejections. Death occurred about a month afterwards, symptoms of peritonitis intervening. At the autopsy evidences of general peritonitis were present. There was also a collapsed ovarian cyst which had become adherent to the small intestine, near the ileo-cæcal junction, and communication had been established between the cyst and the intestine, through which the fluid contents of the cyst had drained away.

Hahn related to the Berlin Medical Society that a woman 32 years of age, had brought to him, a week previous, her entire large intestine and an ell of the small intestine preserved in spirit.

The patient was in labor for the 5th time some 3 months previously, version was performed, the obstetrician endeavored to remove the placenta, the colon was seized, stripped of its peritoneal investment, drawn down, with it a part of the small intestine, which was invaginated a foot in the large intestine. According to the husband, this, with 1½ feet of the small intestine still protruding, was cut off.

The woman remained in bed 14 days without a trace of peritonitis. Seven weeks after delivery she was seen by Dr. Hahn, looking well. In the posterior vaginal arch there was an unnatural anus through which the fæces were evacuated. Since the birth almost no fecal matter has escaped through the rectum. In this is a stricture through which the fore-finger can pass; water injected into the rectum entered the vagina.

*Results of Permanent Closure of the Ductus Choledochus.*—Mayer (*Med. Jahrb.*, 1872, p. 133) has investigated this subject experimentally, and concludes: "1. I was able to establish that as a result of biliary stagnation no fatty degeneration of the liver cells occurred, nor were the same dissolved in the stagnant bile; 2. The stagnant gall caused an alteration of the cell-nucleus; 3. New cells appeared in the liver after bile-stagnation, which are smaller than the smallest liver cells, and are perhaps identical with pus corpuscles; 4. After continued bile-stagnation an increase of the hepatic connective tissue takes place, not only of that surrounding the blood and bile ves-

sels, but the development of the connective tissue advances into the interior of the hepatic acini."

*Results of artificial plugging of the vena portæ.*—Solowieff (*Centrbl.*, 1872, No. 22) experimented on dogs, and found that if the portal vein was totally ligated at once, death occurred very rapidly. If one of the great veins entering the portal vein was tied, or if the vena portæ was so ligated that the lumen became gradually diminished, the animals could live for weeks and months. If the animal died 6-18 hours after the operation, the liver was slightly diminished in size, on section anæmic, dry, with fresh clots in certain of the vessels.

The cells were changed in form and size, opaque, finely granular, the nucleus at times visible, again not to be seen. Where the animal lived longer, a more or less decolorized, tolerably firm thrombus was found in the vessel. In its centre a finely granular, yellow mass was to be seen, softening. At times the thrombus could easily be torn from the wall, at times it was firmly adherent, the intima thickened. The liver was diminished in size, firm, anæmic, dry, dark brown. The cells were small, red, containing fat drops; the nucleus found with difficulty, at times not to be detected. Thrombi were found in the branches of the portal vein; the connective tissue surrounding these vessels increased, containing spindle-cells, whose projections often penetrated the spaces between the liver cells. Numerous young cells were seen in the adventitia of the vessels, and in the canal of certain biliary passages a brown mass, strongly reflecting light.

#### URINARY ORGANS.

*Bright's Disease.*—Delafield (*N. Y. Med. Journ.*, 1872, p. 239). Gull & Sutton, Johnson (*Brit. Med. Journ.*, June, 1872, p. 219). Delafield considers three conditions of the kidney as giving rise to the phenomena of Bright's disease: 1. Chronic congestion of the kidney; 2. Chronic diffuse nephritis; 3. Chronic parenchymatous nephritis. The appearances in each form are accurately described.

Gull and Sutton read a paper before the Med. Chir. Society, illustrated by drawings and specimens, wherein they endeavor to show that there is a diseased state characterized by hyalin-fibroid formations in the arterioles and capillaries, outside the muscular coat. They consider this change as the primary and essential condition of chronic Bright's disease with contracted kidney.

The microscopical preparations were considered by Johnson, and others, as deceptive and not justifying the conclusions.

VOL. X.—No. 17A

## Reports of Medical Societies.

### MIDDLESEX EAST DISTRICT MEDICAL SOCIETY.

AZEL AMES, JR., M.D., SEC.

THE Society met July 17th, at Lexington, at the house of Dr. Holmes; the President, Dr. J. M. Harlow, of Woburn, in the Chair.

*Convulsions.*—Dr. Chapin, of Winchester, reported the case of a patient under his observation, a young lady six months advanced in pregnancy, affected with convulsions, apparently of a puerperal character. The urine was highly albuminous; s. g. 1025°. Some anasarca and ascites, and considerable œdema of feet. Impaired vision, but hearing normal. No symptoms of miscarriage. No definite labor-pains of expulsive character, though at one time there was a slightly perceptible periodicity to her paroxysms. Patient was etherized during the convulsions, which were several in number, tonic in character, and of general puerperal appearance. Eight grains of bromide of potassium was given every two hours, with marked good effect. Opium was not well borne by the patient, but chloral hydrate was administered to advantage. There was a speedy improvement under treatment, both in the general condition of the patient and in the character of the urine. The albuminuria disappeared with remarkable rapidity. The patient had, just previous to the attack, been suffering from a severe "cold."

Dr. Chapin desired the opinion of the gentlemen present as to the real nature and classification of the case, the probable immediate cause of the convulsions, and whether there was reason to confidently expect a return of the paroxysms at full term.

Dr. Mead remarked upon the participation of displacements of the uterus in the causation of convulsions, and the necessity of mechanical appliances in their treatment, his remarks being followed by a general discussion upon the subject of pessaries, and, by request of the Society, Drs. Jordan and Cutter were invited to present the pessaries invented by them for examination at the next meeting.

*Early Menstruation.*—Dr. Holmes reported the case of a child born on Tuesday, and the following Tuesday the nurse stated that it was menstruating, of which, upon examination, there appeared to be somewhat rational signs. The "show," having commenced on the fifth day after birth, continued at the rate of two teaspoonsful per day for two days, ceasing on the third. There

were no abnormal appearances about the vulva or other parts of the child.

Dr. Jordan, of South Reading, reported a similar case under his observation, continuing for the same length of time.

Dr. Chapin reported the existence of a case of persistent menstruation at the age of one year.

*Scarlatina.* — Dr. Winsor, of Winchester, read the report of a case of scarlatina occurring under his observation.

E. K., 3½ years old, was attacked with scarlatina on the morning of Feb. 6th, 1872, an elder sister of 7 years having been seized Feb. 4th, and a younger sister of 18 months being taken down on the afternoon of the 6th. There were no other children. Exposure to the disease had probably occurred about one week before. Although all the children had the febrile part of the disease severely, with marked sore throats and swelling of glands, and decided delirium, the girls recovered nicely. The boy was of the most nervous and irritable temperament imaginable, never still during his waking hours when well, and altogether ungoverned, so that during his sickness he was ungovernable. Although slender and rather small of his age, his general health was fair. His right eye had suffered from conjunctivitis for nearly twelve months, now better, now worse, but always inflamed to some degree. This child had the fever, the eruption, the sore throat, with rather unusual severity; and he was also actively delirious. From the first his stomach was very irritable, and might be said to tolerate nothing, whether drug, drink or food. On the fifth or sixth day, as the fever began to subside, the mouth began to be very sore, the entire mucous lining being thickened, whitened, and covered with viscid secretion. Although every attempt at examination was furiously resisted, it could be made out that the tongue was no more swollen than in some cases where the surfaces of the cheeks are not so severely affected, and from an occasional glimpse of the throat and from his general behavior, it was judged that the inflammation there was hardly as severe as in the mouth. By the tenth day, the nose, ears and eyes were in as nearly the same state with the mouth as was consistent with their respective extents of mucous surface. The inflammation was particularly severe in the diseased right eye. Every attempt was made to keep the affected parts clean, but they were always met with the same furious resistance from the patient, who would rouse from what appeared to be an almost lifeless

condition to one of furious screaming, kicking and writhing, which alike defeated the attempts of the physician and nurse, while it brought the boy to a point of exhaustion which was evidently more dangerous to him than the unremoved discharges could be to any of the organs which were especially threatened. It was, therefore, directed that the eyes, ears and nose should be let alone and that the mouth should be swabbed out, at what would, in an ordinary case, be considered long intervals. There was particular apprehension lest the already weakened outer tunics of the eye should be ruptured in the struggle to cleanse the organ, a misfortune Dr. Winsor believed he had known once to happen. To make matters worse, the child picked incessantly at the ulcerating and suppurating surfaces, and it was necessary to hold his hands hour after hour for more than a fortnight.

As to treatment during these three weeks, it would be useless to go into details. Stimulants, sedatives and nutrients were thoroughly and perseveringly tried, and with this result: nothing stayed down, except ice and milk and lime-water, and these not always or entirely. For many days in succession there was reason to suppose that not more than a small teacupful of milk and lime-water was retained in the stomach daily. Emaciation was extreme, while very little sleep was obtained. Early in the third week it was plain that a very considerable portion of the mucous membrane of the mouth and perhaps some of the sub-mucous tissue was sloughing off. Early in the fourth week, swelling of the lids of the right eye had sufficiently subsided to allow of some voluntary opening of them, so that at a lucky interval, after patient watching, a glimpse of the cornea was obtained and there was no mistaking the perforating ulcer. March 10th, there was incipient hernia of the iris. Although there was now less reason to dread that he would suffer from exhaustion in struggling against attempts to make local applications, it could scarcely be said that such attempts were more successful than in the earlier weeks of his sickness, and it was altogether in vain to try to touch the edges of the ulcer with any accuracy. Once he was etherized, and a thorough examination was made and the edges were touched with nitrate of silver. The irritation of the stomach was so far aggravated by ether on this occasion that anæsthesia was not again attempted.

At this time, he was eager for ice, water, tea with milk in it, milk, broths, &c., and



took a great deal, but was not certain to retain anything, except the ice or the milk and lime water. He was gaining strength slowly, slept more, though far from enough, and the mouth, eyes, nose and ears were healing; but the mouth bled at the slightest movement, and when a glimpse into it was obtained, one saw that there were likely to be cicatricial bands along the buccal surfaces and on parts of the tongue. Hitherto, he had refused to take any solids into the mouth, but about the thirtieth day he began to ask for them, although he by no means overcame his tendency to eject them when swallowed. Three months after the fever began, the finger detected several cicatricial bands in the patient's mouth, and a decided contraction of the cavity. Through May, there was much vomiting of mucus. Early in June, however, less mucus was raised, but the condition of the mouth was but little improved; within the last six weeks, however, the bands have softened and lessened, and the whole mouth is more pliable. Solid food is often vomited, meat generally, and anything acid is certain to provoke nausea. It is probable that the œsophagus and stomach suffered from a destructive ulceration similar to that which is known to have gone on in the mouth, and that their mucous membranes have been only partially restored, while the nerves underlying these membranes continue to be imperfectly protected, a condition which might be expected to cause irritability, perverted secretion, and perhaps irregular, peristaltic contractions.

There still remain partial opacity of the cornea, adhesion of the iris (but no longer protrusion), loss of aqueous humor, and probably to some extent of the vitreous humor, since the ball is somewhat flattened. There seems to be no perception of light in this eye.

Recovery in this case appears to have been due mainly to the recuperative power of nature, which seems to be peculiarly strong in certain contradictory, combative, ugly and selfish temperaments.

M. CERSOX, of Langres, writes to the *Bulletin Général de Thérapeutique* for June 15, that in the treatment of the hæmorrhagic form of smallpox he endeavors to produce an artificial eruption by means of the external application of croton oil or of tartar emetic.

## Bibliographical Notices.

*Constitution and By-Laws of the Boston Society for Medical Observation, with a list of Officers and Members.* Boston: 1872. Pp. 22.

A LITTLE pamphlet containing the Constitution and By-Laws of the Boston Society for Medical Observation has just been published by David Clapp & Son.

It is interesting to some of us to look over the list of past and present members, and to recall the faces and voices that used to be seen and heard around the Monday evening board. Those were hours of study and debate and criticism. If the comments, at times, were severe, they were made with no ill feeling. If there were what appeared to be triumphant chuckles over what were supposed to be proved mistakes, on the part of the observer, the commentator was ready to be assailed in his turn. If there were, in the spirit of professional boyhood, unintentional offence sometimes given, we do not believe that the remembrance of it rankles in any heart. Indeed, warm friendship and most heartfelt respect exists among those who sometimes criticized with unsparing, perhaps unjust severity.

Of the eight original members, Dr. Henry I. Bowditch alone continues his connection. Two only of the eight have died. Who does not remember John D. Fisher, the oldest of them all, whose opinion was valued and sought upon many subjects by men much older than himself? John B. Walker, whose early death and its painful history are fresh in many of our memories, was one who would have tested the ability of the best men among us to obtain a higher professional eminence. And as we read down the list, we come upon the names of Phipps, Parker, Andrews, Parkman, Alley, Coale, Page, Keep, Ware, Sargent and Ropes. There are those of us who watched over the dying beds of some of these, and we all remember the sacrifice of Robert Ware, by the camp fever in South Carolina, and paint the adventurous and impetuous Lucius M. Sargent, who could not be satisfied with the surgeon's laurels, but must put on the sword of battle and lose his life upon the field.

Of the one hundred and twenty-nine physicians who have been members of this Society, about a third did service during the war of the rebellion, either in the army or navy, or under the direction of the Sani-

tary Commission. Several gentlemen have retired from the profession altogether, but most of them remain, and many of these are by no means unwilling to give credit to this Society for the habits of observation which they learned.

May the success of the Boston Society for Medical Observation continue! C. E. B.

*The Medical Register for the Cities of Boston, Cambridge, Charlestown and Chelsea.* By FRANCIS H. BROWN, M.D. Boston: Press of John Wilson & Son. 1873. Pp. 173.

THERE has long been felt in this city and vicinity the want of a condensed, practical handbook, containing information of interest to medical men and others, of societies, schools and institutions, and a statement of those public and private charities, in which professional men are especially interested. This want has, at last, been supplied by the *Medical Register* for Boston and vicinity. In this handy little volume the compiler has arranged detailed accounts of all those societies and associations in which members of the medical, dental and pharmaceutical professions are engaged, together with lists of officers and members and the time and place of meeting. He gives, also, a description of the various hospitals, dispensaries and charitable institutions, together with such information concerning admissions, &c., as is needed by those seeking assistance for their patients or themselves.

A complete list is given of regular physicians with their residences and office hours, and of dentists and pharmacists belonging to the regular societies. Laws and ordinances affecting physicians and others, lists of National, State and City Medical Officers, Life Insurance Examiners, Medical Museums, Prizes and Libraries, all have their appropriate place and can easily be found by a table of contents and a copious index. A carefully prepared list of male and female nurses closes the book.

In short, this little book contains a vast amount of information which medical men constantly need; it is sure not only to meet with a most hearty welcome, but the medical profession will wonder why such a volume has not been published before. Hereafter, it will be considered as indispensable in our offices as the Boston Directory or Farmer's Almanac.

The *Register* will be at once issued to subscribers, and may also be obtained at the medical book stores.

W. R.

*Resections of Maxillary Bones without External Incision.* By D. H. GOODWILLIE, M.D., D.D.S.

THIS is the title of an article reprinted in a pamphlet form from the *New York Medical Journal* of July, 1872. The author gives a description of various instruments used by him for this purpose, the most deserving of mention among them being the oral saw. "It consists of a handle, to which is firmly fixed a U shank to take in the cheek or lip during the operation. On the other extremity of the shank is a square socket to hold saws or knives of different sizes, these being fastened by a thumb screw." The saw or knife may be turned in the socket so as to cut in four directions.

In operations when the ordinary bone forceps could not be employed, this would appear to be a very useful instrument.

The first case mentioned is an osseous tumor of the right superior maxillary, involving the alveolar process and a portion of the palate, and encroaching to some extent upon the antrum. The periosteum being carefully stripped from the surface of the tumor by means of periosteum elevators, the growth was removed with the oral saw. The careful preservation of the periosteum and the ingenious adaptation of the saw are the interesting points in this operation. We fail, however, to see the necessity of external incisions in such cases as this, even with other instruments than those employed.

It seems, indeed, as if the periosteum and mucous membrane of the hard palate might be saved in resections of the upper jaw oftener than it is. A firm and useful palate could often be retained, and the services of an obturator dispensed with. In the present case a year after the operation the palate appeared as firm in the resected side as upon the other.

The other operations described are resections of portions of the lower jaw, in one case for an "osteodental" tumor, in the other for a necrosis.

An account of a disarticulation of the lower jaw without external incision, as performed by him on the cadaver, is also given. Such an operation can undoubtedly be performed, and indeed has been done successfully, but we can hardly think that the danger arising from hæmorrhage can ever permit it to become a very safe procedure even in the most skilled hands, and certainly not a popular one with the physician.

W.

*Doctor in Medicine, and other Papers on Professional Subjects.* By STEPHEN SMITH. New York: William Wood & Co. 1872. Pp. 308.

The author presents in this volume a series of contributions on medical subjects of a miscellaneous character. The papers were originally published in various periodicals, and have been compiled in the present form as a more enduring publication. The writer, from his practical experience in the various departments of professional life, can speak with authority, and physicians and the public in general will find in this little book sound views concerning subjects of vital interest, medical and otherwise. The papers on matters pertaining to public hygiene are particularly interesting, as, for example, the discussion of the duties of coroners, of the crime of abortion, and of asylums for inebriates.

*The Ten Laws of Health; or how Disease is Produced and can be Prevented.* By J. R. BLACK, M.D. Philadelphia: J. B. Lippincott & Co. 1872. Pp. 322.

The author is a believer in the possibility of a sanitary millennium in which "all uncertainty in reference to the preventability of nearly every form of disease must disappear, and the laws pertaining to health be capable of definite settlement; so that men and women, by living accordantly with them, may live, as they ought to live, free from disease, and die, as they ought to die, from old age, and not by the violent and unnatural process of disease."

As an aid in the accomplishment of this beneficent end and as a contribution to the already voluminous and still developing literature of sanitary science, we have this hygienic decalogue from the pen of a graceful writer. It is refreshing and encouraging to find a medical writer so hopeful and emphatic in his belief in the preventability of disease and so clear in his exposition of the principles already available for practical application. The medical reader will endorse heartily almost all that the author says to him and to humanity in general about ventilation, food, exercise, clothing, the sexual function, climate, occupation, cleanliness, rest and sleep, and the inter-marriage of relations—the subjects of the ten laws of health—and will recognize the benefits to be derived by mankind in proportion as their hearts are inclined to keep these laws.

## Medical and Surgical Journal.

BOSTON: THURSDAY, OCTOBER 24, 1872.

### MEDICAL REGISTRATION.

READERS of the English medical journals will have noticed, during the past year or two, frequent allusions to the "Registration Act" and other laws which render the practice of Medicine in England legitimate only by qualified practitioners, that is by those only who have been regularly educated, and have shown their right to be included under the Act by a suitable examination. The attempts of legitimate medicine to free itself from pretenders to professional knowledge have met with success under these laws of the United Kingdom in more than one case recently; and we have read the accounts of such trials with much satisfaction, and have, from time to time, noticed them in our columns.

The strictures of English editors and correspondents on the schools of America have called forth various comments on this side the ocean; some of regret, that our brethren allowed themselves so unjustly and indiscriminately to denounce all American diplomas, and some of approval, that unworthy institutions in our own country, whose existence all honest men deplore, were so severely dealt with.

The *Directory* of the British Medical Association has hitherto been looked on as a safe criterion on which to found an estimate of professional standing. Admission to this list has, all along, been carefully guarded, and, partly to this cause, perhaps, is due the fact that quackery is less openly practised in England than in America. The existence of bogus institutions in the United States has been regarded as a sufficient reason—and justly so—for looking with suspicion on all American degrees. We are glad to note, by a communication to the English periodicals, that genuine "foreign degrees" are, in future, to be more fully recognized in the *Medical Directory*, and that our own practitioners can, if they desire, and under certain restrictions, be admitted to the official list. The article

alluded to, signed by the editors of the *Medical Directory*, explains itself.

"In the autumn of last year, the traffic in foreign degrees had attained proportions which demanded from us a prompt effort for its discouragement. It was obviously our duty not to admit into the *Directory* degrees procured solely by purchase; and we had to discover what means we possessed of distinguishing degrees of that character from those obtained after due examination. Our resources in that respect were found to be inadequate, and we were compelled to have recourse to the regulation adopted by the medical council. This regulation falls harshly on those whose foreign degrees have been honorably gained, and, with a view to its modification, we have this year communicated with several foreign Universities; but as we have received responses from a few only, our power of detecting the 'bogus' degree still remains imperfect. We are, however, desirous of giving insertion to foreign degrees in medicine and surgery fairly obtained, and they will, in future, be inserted in the *Directory* under any one of the three following conditions:—

"1. That the degree is registered under the Medical Act; or

"2. That the possessor has qualified in Great Britain or Ireland, and is practising abroad; or

"3. That the holder of the degree has also a British qualification, and that his possession of the foreign diploma and its attainment by examination have been certified to the editors of the *Medical Directory* by two registered practitioners not themselves possessing foreign degrees."

In our own country, registration, as practised in England, is unknown. Membership in this or that State Society is the only patent we possess to respectability and presumed honesty, and even this criterion, as we well know, is susceptible of great error. Recent publications in our large cities, under the title of Medical Registers, have sought to draw stronger bounds by excluding those who to appearance did not practice legitimate medicine; but the editors of these works find their duty a difficult one in drawing the legitimate lines.

The editor of the *New York Register*, the tenth volume of which has recently come to our hands, admits those "who are in regular standing, and have not violated the

Code of Ethics of the American Medical Association and the Medical Society of the State of New York." As every man in this country is the arbiter of his own actions and is permitted to put his own interpretation on the requirements of a code; as many an honest physician may be regularly irregular; as many a man, from actual poverty, from certain conscientious scruples, from his inability to see the benefit to be derived, or other reasons, fails to join the State Society—so it has been claimed that the legitimacy of a physician should not be decided by any one single person or by an association, of limited numbers, like the New York Medico-Historical Association. Our knowledge of the gentlemen composing this association, under whose auspices the *New York Medical Register* is published, leads us to place implicit reliance in their honesty and their desire, so far as possible, to give a true list of legitimate practitioners. The editor of the very excellent little volume before us, however, has found his prerogative questioned by men who claim that they have been overlooked and unjustly treated. We do not question the discretion of the editor, whom we know to be thoroughly a gentleman, or the care he has exercised in excluding unworthy persons; we only mention the fact as showing the difficulty of separating the worthy from the unworthy, and of the need which exists for an honest, official system of registration.

The editor of the *Philadelphia Register* assumes no other responsibility than that of giving a directory of those "who are graduates of respectable medical schools who are reputed to be in the regular practice of medicine in Philadelphia." (The italic is our own.) We think the same chance of uncertainty is present in this as in the New York plan, that, namely, of misjudging the true standing of both good and bad, the liability which one or a few men must incur of rejecting the former and accepting the latter.

The editor of the *Chicago Register*, as we learn from an editorial in the *Chicago Medical Journal*, will include those physicians "in good standing." The editor of the *Journal* expresses our own views by pointing out the liability to error in this, or, in fact, in any discrimination.

The method susceptible of the *least* error would seem to depend on membership in large and comprehensive Societies, to which every properly educated man could be admitted on application and examination. At the best, this plan cannot be considered perfect. We are met by the criticism that the best of our Societies include very unworthy persons, a fact painfully apparent to many of us, but we know that by far the largest portion of such bodies are respectable and trustworthy. No properly educated and honest man, be he physician, dentist or pharmacist, on making proper application, will be refused admission into the State Society of his profession; it is his own fault, therefore, if, by his failure to join the Society, his name is omitted from a general register. The plan of employing the lists of members of State Societies, as it avoids distinctions which we feel no single person is qualified to determine, would seem to be the fairest method in all respects; such is the plan adopted by the author of the *Medical Register* for Boston and vicinity, which we find on our table; whether or not he is right in adopting such lines of demarcation remains to be proved.

THE LATE RESIDENT PHYSICIAN OF THE MASSACHUSETTS GENERAL HOSPITAL.

MEMBERS of the profession in all parts of New England will learn with regret that Dr. Benjamin S. Shaw has resigned the position he has so long and so ably held at the Massachusetts Hospital. For fourteen years he has performed the arduous and delicate duties of his office with the most marked discretion and ability. He has filled his office, as few men have ever done, to the thorough satisfaction of all concerned. He undertook the position as a pioneer. No medical superintendent had preceded him, by whose experience he could profit. The expediency of the step was doubted by many of his friends, and whether it was the right thing for the hospital was a matter of doubt to many. All these questions Dr. Shaw has settled satisfactorily. He has given his best years to the institution, and leaves it with the good will and friendship of every one connected with it.

The secular papers have recently recorded the gift to Dr. Shaw, from the employés

of the hospital, of a beautiful mantel clock, as a mark of their regard. We are permitted by the medical staff to put on record a letter conveying to him a similar expression of their esteem:—

Massachusetts General Hospital,  
Boston, Sept. 30, 1872.

DEAR SIR,—The physicians and surgeons of the Massachusetts General Hospital beg your acceptance of the accompanying silver salver.

In expressing their regret that the agreeable relations which have existed between yourself and them for more than fourteen years should now be terminated by your resignation, they desire to acknowledge their personal obligation to your executive skill, and to bear witness to the progress and improvement of the hospital during your connection with it.

With their best wishes for yourself and your family, they remain your friends,

GEORGE C. SHATTUCK,	FRANCIS MINOT,
C. ELLIS,	H. J. BIGELOW,
S. CABOT,	R. M. HODGES,
H. K. OLIVER, JR.,	GEORGE H. GAY,
ALGERNON COOLIDGE,	SAMUEL L. ABBOT.

To Benjamin S. Shaw, M.D.

THE FEVER TREE.—Dr. Pedro L. N. Chervoviz of Bahia, in a late number of the *Gazeta Médica da Bahia*, gives a very interesting account of the history, uses, propagation, medical and miscellaneous properties of the *Eucalyptus Globulus*, an immense tree introduced into various provinces of Brazil from Australia, and called, as in Spain, *arvore da febre*, from its "marvellous results in the treatment of intermittent fevers." The tree is colossal, sometimes attaining a height of 300 feet, and a diameter of 30 feet; ranging often from 50 to 70 feet in height, and 10 to 20 in diameter. All parts are aromatic, less so in the trunk and bark, more so in the small roots, flowers, and leaves. It is a comparatively new medicine of much promise, and is given internally for intermittent fever, in doses of from one to four drachms of the powdered leaves—twice during the intermissions—or in infusion (two drachms in four ounces of boiling water), morning and evening. Aqueous and alcoholic extracts, in doses of from two to eight grains, are also used for the same disease. One or two drops of its essential oil, on sugar, in pill or capsule, are advised in bronchial and pulmonary affections, laryngitis and catarrhal aphonia.

## Fenilleton.

## LOUIS AND HIS CONTEMPORARIES.

The great Master in Medicine, Louis, died in Paris, on the 23d of August, 1872, at the age of 85 years. A friend and one of his former pupils has prepared for the JOURNAL the following personal memories of this eminent man and of a few of his contemporaries of the Parisian Medical School of forty years ago.

In the "*Panthéon des Illustrations Françaises au xix. siècle*," published at Paris, 1855, is found the following terse and most modest biography, which Louis allowed to be published with his portrait.\*

"Louis (Pierre Charles Alexandre), Honorary Physician of the Hospitals at Paris, Member of the Imperial Academy of Medicine, President for life of the Society for Medical Observation, Officer of the Legion of Honor, was born at Ai (Marne) in 1787.

"He was destined by his family to the study of the law; but he soon abandoned that profession in order to study medicine.

"Having received the rights of Doctor of Medicine in 1813, he left France in 1814 and went to Russia, where he practised the profession, after having obtained at St. Petersburg a diploma of Doctor in Medicine.

"On his return to Paris, in 1820, medical science, under the influence of the writings and public teaching of Broussais, was in great confusion. Much was in doubt, a painful doubt, and in order to relieve himself from it, he resigned practice, and gave himself up wholly to the observation of patients at the Hospital of La Charité. This he did for six consecutive years without other occupation.

"The study of the facts there collected enabled him to publish successively—

"In 1823 a memoir on perforation of the small intestine in acute diseases; a second, on croup in the adult; a third, on the communications between the right and left cavities of the heart (*Archives de Médecine*);

"In 1824 two memoirs on the pathological anatomy of the mucous membrane of the stomach; another on pericarditis;

"In 1826 a memoir on abscess of the liver; another on the condition of the spinal marrow in Pott's disease; a third on

sudden and unforeseen deaths; a fourth upon slow but anticipated deaths, but which anatomy will not explain; a fifth on the treatment of tænia by the Darbon potion (*Archives de Médecine*);

"In 1825 his anatomical researches on phthisis (1 vol. 8vo.), reprinted with many additions in 1843;

"In 1828 researches on the typhoid affection or fever (2 vols. 8vo.), reprinted with many additions in 1841;

"In 1838 the examination of Broussais' examination (in 8vo.);

"In 1835 researches on the effects of venesection in some inflammatory diseases (8vo.);

"And, finally, in 1837, in the first volume of the '*Mémoires de la Société Médicale d'Observation*,' a dissertation on the examination of patients, and the study of general facts (pp. 63); a memoir on vesicular emphysema of the lungs (pp. 100), and in the third volume of the same [publication] his researches on the yellow fever of Gibraltar, where he had been sent in 1828, with Messrs. Chervin and Trousseau, in order to observe the yellow fever as it prevailed at that place (pp. 300)."

Such is the simple history of Louis's scientific life as given by himself without comment, viz., fifteen memoirs and four ample octavo volumes published between 1823 and 1837. These works, though but little read now, formed an epoch in medicine at the time they were published. They are all founded on analyses of cases recorded without prejudice, but with the greatest accuracy and much detail, by the bedsides of the sick. They form the brightest exponent of the so-called "Numerical System," of which Louis was the father. This system consisted in counting the various items of several cases, whereby we are enabled to state the exact number of cases in which certain symptoms or lesions are observed. It has been the object of ridicule, but, nevertheless, its very enemies have felt its power, at least in certain directions.\*

Louis's works on phthisis and typhoid fever were considered, when first published, and are considered now, as far as they go, a collection of laws of these diseases derived, as the astronomer derives his laws, from simple observation and a wide com-

\* One of the squibs of the day was somewhat of this nature. Louis impressed upon all his students the importance of recording the hereditary tendencies in each case. The story runs that an over-zealous and not very wise pupil, summoned suddenly to set a broken leg, would do nothing without recording. Accordingly, he took out his note-book and recorded name, age, and the ancestral troubles of the sufferer, and, according to rule, asked, "Were your parents or grandparents, uncles or aunts, liable to broken legs or arms?"

\* *Panthéon des Illustrations Françaises au xix. Siècle*, contenant un portrait, une biographie et un autographe de chacun des hommes les plus marquants, dans l'administration, les arts, l'armée, le barreau, le clergé, l'industrie, les lettres, la magistrature, la politique, les sciences, &c. &c. Publié dans la direction de Victor Froude, Paris, imprimeur, 87 rue de Seine, 1865.



parison of many such. The "Numerical Method" is virtually now carried out under our more improved means of investigation in which, from the nature of the case, there are fewer observers. We take no one man's assertion of a fact on any question of scientific interest, but require that numbers of men should confirm or reject it after numbers of observations made by each. It has had a distinct effect on some of the best writers we have had in England and America during the past thirty years, even when some of them would hardly admit that they were disciples of Louis.

But the immediate influence of Louis upon several English and American students was very great. They carried home his ideas, and these ideas spread rapidly in England and America.

#### SOCIETY FOR MEDICAL OBSERVATION AT PARIS.

In 1832, a few students proposed to form a Society for Medical Observation, and they asked Louis to be their President. They also requested Messrs. Andral and Chomel to allow themselves to be considered as Honorary Presidents, as they would thereby show their respect for the objects of the Society. All these gentlemen consented. The objects were:—

1st. To make all the members of the Society good observers of disease, by requiring each in turn to go through a kind of apprenticeship in the recording of observations, and in submitting such observations to the criticism of every member of the Society.

2d. They hoped to be able to influence the medical mind generally, and bring it to the comprehension of the great value of accurate observation of disease.

3d. They also hoped, either as a Society or as individuals, to publish memoirs which, being in themselves strict deductions from facts, would be real additions to medical science, while at the same time they would present fair examples of the Numerical Method as used by Louis in medicine.

These three objects I believe were attained. Societies for Medical Observation were also established in London and Boston. It must be admitted that the plan pursued by the parent Society was not likely to persuade the majority of students to join it, even though they might admit the value of accurate observation, and the importance of becoming skilled observers. That plan was to have weekly meetings, at which each member in turn was required to read an observation that had been recorded at the bedside. The members were arranged around a table that occupied three

sides of the room, and each person had paper and pen or pencil before him. He was prepared to listen carefully to the reader, and equally prepared to note the most trivial omission or a too inconsiderate deduction made by the reader. Each subsequently criticized the paper from these notes. This was done in the keenest manner. Louis, as President, summed up the result of the meeting by not only criticizing the reader, but also his critics' remarks, so far as he deemed them proper or worthy of further remark.

Those who had the privilege of attending these meetings, well remember these criticisms, all of which were made in the most gentlemanly manner, and evidently in no captious spirit, but simply with the determination to make as much out of the occasion as could be made towards the clearest elucidation of the subject. No member of the Society ever allowed any *sentimental* delicacy towards a reader to prevent him from noticing anything which he deemed erroneous or wanting in any paper. At the same time there was no petty quibbling, no personal attacks, and all bore good humorously any remarks, however severe.

#### MEMOIRS OF THE SOCIETY FOR MEDICAL OBSERVATION AT PARIS.

Since its commencement in 1832, the Society in Paris has published three volumes 8vo. Although some of the subjects investigated may not happen to be those most interesting to young medical minds of the present day, and although the investigations were less perfect than we have now the means of making in these microscopic, spectroscopic, thermometric and chemical times, nevertheless, the treatises, as far as they reach, will always remain as true expressions of the teachings of nature as far as any of the necessarily imperfect labors of man can be such.

#### POSITION OF LOUIS IN MEDICAL HISTORY.

Where in the history of medicine shall we place Louis? It has always seemed to me that we should place him, in his influence on his own and on subsequent generations, by the side of John Hunter, Morgagni, and men of that stamp. Not that we could class his intellect with that of John Hunter, although with Morgagni he would be nearly if not quite on a par. But John Hunter, in his far-seeing genius, so much transcended any other man we have had in medicine for centuries, that it would be impossible to rank Louis with him. Nevertheless these three were not only animated by, but were fairly "possessed," as

it were, by the spirit of inquiry into the secrets of nature in medical science. It is the same impulse which urged Faraday, and which has urged all really great scientific investigators, and which will continue to do so till the end of time. And these three great men of our profession were "possessed" by this spirit in an eminent degree. Louis finely describes it in the autograph which he gave to the editor of the *Pantheon* already alluded to.

At his last interview with one of his pupils, Louis, when giving him his portrait and autograph, slowly read over the words as if they were his last parting gift. It runs thus: "There is something rarer than the spirit of discernment, it is the need of truth; that state of the soul which does not allow us to stop in any scientific labors at whatever is only probable, but compels us to continue our researches until we have arrived at evidence."

This principle, underlying as it does the works of Hunter, Morgagni and Louis and others of that class of mind, allies them to one another, and has ever made their influence great with their associates, and still greater in a wider field with posterity. Not that the persons who may be so influenced will always recognize the benign power that sways them, but they will be swayed notwithstanding. That this is true is evident in the present power of John Hunter; but who of the many who allude to him now read his many works? His powerful mind has indelibly impressed itself on the ages, because it was in its operations consonant with the operations of nature, which are ever enduring, ever widening. Morgagni, Hunter and Louis, were all a protest, each in his own day and within his own intellectual limits, against any pretence to unravel the secrets of nature by speculation merely. They all claimed that hard labor on the facts of nature alone bring out the truth.

Andral, Chomel, Louis! What a noble triumvirate! How friendly were these three men; how similar in their undercurrents of thought; how dissimilar in their modes of expressing those thoughts. Andral as professor at the *Ecole de Médecine* was lecturing on general pathology; Chomel gave clinical lectures at *La Charité*; Louis held his "conferences" at *La Pitié*. Andral was the rising sun. He was rather below the medium size; he had a young and a fine intelligent face; his head was covered with an ample supply of dark hair. The moment he commenced speaking there fell over the vast hall of the *Ecole de Médecine* a si-

lence, which was preserved with the greatest decorum and attention to the very end of the lecture. Whatever subject Andral undertook to speak of, he always viewed it in its widest extent, and really ennobled it in our eyes. His learning seemed illimitable, and he would gather all of it before him to illustrate his theme. He was nevertheless a great dealer in facts, which with his broad generalizations he was wont to classify when inferior men were unable to see their relations. His tendencies were, if I may so speak, centrifugal, as Louis' were centripetal. That is, Andral, while obeying a central impulse to rest on facts, would with his learning and imagination unite these facts from the opposite boundary of medical experience, and bind them into one vast whole. All this was done in the most polished language, with an easy, frank delivery, and perfect self-possession. His sonorous voice rang through the amphitheatre, and he kept the attention even of the most frivolous of the students riveted to the subject. He felt entirely at home among them, and he governed them with his word, and a nod. He was the demigod of the hour and place.

Next to Andral in this medical triumvirate of the Parisian Medical School of forty years ago, appeared in the eyes of most students the well beloved and respected Chomel. He reminded me, in his manners to his patients and to his pupils, and by his clear method of lecturing on cases, and his skill in diagnosis, more of the late Dr. James Jackson than of any other man, French, American or English, I ever saw. He was always the genial, easy speaking, well informed, truth-loving teacher and gentleman. His intelligent smile was like a sunbeam to us. Words fell from his lips like the natural and melodious notes of a bird. His eloquent and truthful lectures won all hearts, as much by the grace and kindly manner with which they were delivered as by the medical learning they showed. His allusions to the laws, laid down by his great friend Louis, won praise from all.

And last but not least of the three comes Louis. He was of tall, compact form, and with features rather severe; grave in manner to those who knew him not, but full of loving tenderness to those to whom he gave his heart. With his patients he had a brusque manner and a quick jerking kind of utterance, and often I doubt not appeared rough when propounding his searching questions. His voice lacked the clear tones of Andral, the gentle, winning soft-

ness that marked Chomel in his general intercourse with the students. In fact, it has seemed to some that until age and grief had mellowed Louis' whole nature, he lacked toward the multitude that fine delicacy of voice and manner which his two friends possessed in a high degree.

What shall we say of Louis as a lecturer? He was not an easy speaker. He lacked power and grace of delivery. In fact, in order to be able comfortably to follow him, one needed to feel the value of the method he had pursued in his studies, and to have a faith in his love of truth, coupled with a belief that from these two facts the professor would be better able than any mere theorist to reveal to us the laws of disease, so far as they were known. But he was ill at ease in the teacher's chair. He would talk fluently at the bedside of a patient, and give out the brilliant results of his years of patient labor while in Chomel's ward, but he trembled and was awkward with his notes when lecturing at his, so called, "conferences." His hand at times shook so much that we felt a severe pity for him, as in his "numerical" way he laid down his propositions. The consequence of all this was that Louis always had few followers. He was "*dry*," so the students said. He had none of the glowing and delightful manner of Chomel, nor of the eloquence and comprehensive views of Andral, whose simple presence in the vast amphitheatre of the School of Medicine was always the signal for wild enthusiasm on the part of the two or three thousand students collected the reto hear him lecture. We found nothing of all this in the simple room at La Pitié where Louis spoke only to a few.

Late in life Louis retired from La Pitié, the scene of his chief labors as a teacher, and had an ample consultation practice. His early hard study and self-denial were having a full pecuniary reward. He had married the sister of the eminent republican refugee, Victor Hugo. She was a most estimable and intelligent lady, who gave that gracefulness to his home which, if he had remained a bachelor, it would perhaps have wanted. They had one son; he was the idol of his parents, and fully worthy of them. He had grown up to be a youth of great promise when the seeds of consumption began to manifest themselves. In vain did the father try to ward off the blow by travel and change of climate. Death early came, and that blow for a time prostrated Louis; but it left no sting of petty complaints behind it. Believing as he did

in the governance of this world by almighty goodness as well as power, Louis arose chastened and subdued as regards many things, but with a heart warmer than ever to all the advanced learning of his juniors in the profession, and to all the amenities of friendly life. I had met him as a teacher in 1832, 3 and 4. It was my good fortune to meet him twice again, viz.: in 1859, and again, for the last time, in 1867. He was then 80 years old, and the beau ideal of a noble old man perfectly preserved intellectually and physically. He invited me to dine with him at his country seat at the Bois de Boulogne. There I met his family and a few others in the most friendly unconventional way. Fauvel, recently returned from his Eastern expedition, which he had undertaken to study cholera, and Woillez, were there. Louis had the same tall erect form and commanding head as in previous days; the same quick mode of utterance, and merry twinkle of the eye. It was pleasant to see the affectionate manner with which he greeted his friends and kissed the cheek of his fair niece, who with her husband was of the party. Louis was the centre of all, and easily presided over all. In fact he gently checked the inconsiderate language of one young Imperialist, who felt called upon during the conversation at dinner repeatedly to utter words of dislike, not to say contempt for all republics, and so pointed was he, on one occasion, toward America, that I felt compelled promptly to reply. Louis came to my assistance with all the seeming vigor of youth, and gently threw oil on the troubled waters. Forty years seemed not to have added a feather's weight to him. His hair was silvered and longer than formerly; but as he talked of modern work in medicine and regretted the going out of the great lights of Chomel, who, we believe, was dead, and of Andral, who was wholly absorbed in other things than medicine, he seemed filled with his old fire, but, superadded to it, and giving a grace and dignity to him which I had never seen before, were the combined influences of age genially borne, and the blessed memory of a great sorrow. Truly whether we consider Louis as a master in medicine or as a man, we find most admirable features. One can hardly over-estimate his many manly traits of character. Such a person does not arise more than once in a century. Thrice happy are they whose good fortune led them to know, to love, and to listen to him.

## Medical Miscellany.

DR. HENRY W. WILLIAMS, of this city, has just returned from Europe, having passed the interval, since the session of the Ophthalmological Congress, in travel and in the renewal of former professional associations abroad.

A NEW edition (the third) of the Philadelphia Medical Register and Directory will soon be issued.

NON HUMANIZED VACCINE VIRUS.—Members of the profession will note the suggestion made by Dr. Folsom, in our advertising columns, to supply them with reliable virus.

M. SEDILLOT has been elected a member of the Academy of Sciences in Paris, in the place made vacant by the death of M. Laugier.

MEMORIAL TO HARVEY.—A movement is on foot in England to cause the erection of a monumental statue in bronze to the memory of William Harvey, at Folkestone, his native place.

PROF. EDWARD PARRISH of the Philadelphia College of Pharmacy, and Dr. George Pepper, accoucheur to the Philadelphia Hospital, have recently died in that city.

THE CLASS IN MEDICAL INSTRUCTION, which was conducted last winter with special reference to the competitive examination for the Hospital interne appointments, will be renewed the present season. Dr. G. W. Gay, No. 647 Tremont St., or Dr. McCollom, No. 622 Tremont St., will give any desired information concerning the course.

THE CHICAGO MEDICAL COLLEGE opened its regular annual course of instruction for 1872-3, on Tuesday evening, October 1st, in the amphitheatre of the College. The term opened with a decided increase in the number of students over previous years, and with important additional facilities for instruction, both clinical and didactic.

Rush Medical College also commenced its annual session on Wednesday evening, October 2d.

Although the great fire of October 9, 1871, resulted in changing the location of some of the colleges, it has neither extinguished nor seriously crippled any of them; and Chicago to-day, with its numerous and well manned hospitals and dispensaries, is said to afford as complete and well arranged facilities for medical students to acquire a thorough knowledge of every department of medical science and art, as any city in our country.

USE OF ANTISEPTICS IN EGYPTIAN SURGERY.—A correspondent of the *Medical Times* asserts that the first instance of the use of an antiseptic as such in surgery was the case of St. Syntellectica, an Egyptian Christian lady of the second century, of whom an account is pre-

served in the "Lives of the Saints," and whose "day" is observed in January. This lady, whose life was devoted to the good of the poor, died of cancer of the face, which was attended with so odious a smell that she used to have the ulcer bathed with the *liquid which was used to mummify dead bodies*, in order that those about her might not suffer from it.

MOUNTING OF RED BLOOD-CORPUSCLES.—At a recent meeting of the Biological and Microscopical Section of the Academy of Natural Sciences Philadelphia, Dr. J. G. Richardson remarked that some specimens of human red blood-corpuscles, which he had mounted more than six months ago in a saturated solution of acetate of potash, were still in a good state of preservation, and thought this medium, in his experience, was much more satisfactory than glycerine as a preservative agent.

REPORT OF COMMITTEE OF THE IMPROVEMENT SOCIETY ON THE ALLEGED DANGERS FROM ETHER, 1861.—Gentlemen having copies of the above pamphlet, which they do not care to preserve, will confer a favor by forwarding them to Dr. B. Joy Jeffries. Dr. J. is desirous of sending a number of copies to England, in order to give members of profession there a more thorough knowledge of the claims which ether presents as a safe anæsthetic.

PAMPHLETS RECEIVED.—Transactions of the Twenty-second Anniversary Meeting of the Illinois State Medical Society, Chicago, 1872. Pp. 228.—The Old Farmer's Almanac for 1873, by Robert B. Thomas. Boston: Brewer & Tilton. Pp. 43.

### Deaths in fifteen Cities and Towns of Massachusetts, for the week ending Oct. 12, 1872.

Cities and Towns.	No. of Deaths.	
Boston . . . . .	153	Taunton . . . . . 12
Charlestown . . . . .	11	Newburyport . . . . . 3
Worcester . . . . .	24	Somerville . . . . . 8
Lowell . . . . .	18	Haverhill . . . . . 6
Chelsea . . . . .	9	Holyoke . . . . . 4
Cambridge . . . . .	23	
Salem . . . . .	11	
Lawrence . . . . .	14	
Lynn . . . . .	15	
Fitchburg . . . . .	3	
		313

### Prevalent Diseases.

Consumption . . . . .	50
Typhoid Fever . . . . .	25
Cholera Infantum . . . . .	23

Boston reports twenty-two deaths from smallpox.

GEORGE DERRY, M.D.,  
Secretary of State Board of Health.

DEATHS IN BOSTON for the week ending Saturday, October 19th, 163. Males, 79; females, 84. Accident, 2; apoplexy, 2; anæmia, 1; inflammation of the bowels, 5; bronchitis, 3; inflammation of the brain, 2; congestion of the brain, 1; disease of the brain, 2; cancer, 1; cholera infantum, 8; consumption, 25; convulsions, 5; croup, 1; debility, 2; diarrhoea, 1; dropsy of brain, 3; drowned, 1; dysentery, 1; scarlet fever, 1; typhoid fever, 3; gangrene, 1; gastritis, 2; disease of the heart, 7; hæmorrhage, 2; homicide, 2; disease of the kidneys, 2; disease of the liver, 2; congestion of the lungs, 2; inflammation of the lungs, 6; marasmus, 10; old age, 5; paralysis, 2; purpura, 1; premature birth, 4; peritonitis, 1; scalded, 1; smallpox, 25; disease of spine, 1; teething, 1; ulcers, 1; unknown, 6.

Under 5 years of age, 60—between 5 and 20 years, 17—between 20 and 40 years, 45—between 40 and 60 years, 18—above 60 years, 23. Born in the United States, 108—Ireland, 31—other places, 24.